

Nomination Petition Form For Dental Hygienists Maryland State Board of Dental Examiners

To Be Completed by Dental Hygienists

Do not use this form if you are a State Dental Hygienist
Organization Affiliated with A National Organization or a dental
hygienist who is nominated by a State Dental Hygienist
Organization Affiliated with a National Organization

This form must be completed and returned to the Board on or
before April 14, 2014

Return this form to: Ms. Bonita McFadden, Election Coordinator, Maryland State Board of Dental Examiners, Spring Grove Hospital Center, Benjamin Rush Building, 55 Wade Avenue, Catonsville, Maryland 21228.

Use this form to nominate a dental hygienist for membership on the Maryland State Board of Dental Examiners. A nominee must meet the qualifications for membership contained in the Annotated Code of Maryland, Health Occupations Article, § 4-202(d). Note that each candidate must obtain the signatures of 10 dental hygienists who support the nomination. A dental hygienist may be both a petitioner and a nominee. A dental hygienist who is a petitioner but not a nominee is counted as one of the 10 dental hygienists who support the nomination. A dental hygienist who is a petitioner and a nominee is not counted as one of the dentists who support the nomination.

A petitioner must hold a Maryland general license to practice dental hygiene, a teacher's license to practice dental hygiene, a retired volunteer license to practice dental hygiene, or a volunteer license to practice dental hygiene. A dental hygienist on inactive status may not be a petitioner.

The law requires the signatures of 10 dental hygienists who support the nomination. However, this form allows for the signatures of 12 dental hygienists, in the event that one or two petitioners do not qualify. If you choose, you may provide the signatures of only 10 dental hygienists who you believe qualify. Note however that if fewer than 10 dental hygienists who qualify, this form will be invalid.

Nominees must also submit their curriculum vitae along with this form.

An incomplete form will be returned. A form received after April 14, 2014 will be invalid regardless of the date of postmark.

You will receive a confirmation letter from the Board shortly after the Board receives this form. Nevertheless, you are strongly urged to contact Ms. Bonita McFadden, Election Coordinator, at 410-402-8503 to confirm the Board's receipt of this form.

Nominee

Print Name as it Appears on Maryland Dental Hygiene License / Provide License Number

Signature

By signing this Nomination Petition Form For Dental Hygienists I agree to be nominated as a candidate for appointment to the Maryland State Board of Dental Examiners

Print Address on File with the Board

Petitioner

Print Name as it Appears on Maryland Dental Hygiene License / Provide License Number

Signature

Print Address on File with the Board

(1) Dental Hygienist In Support of Nomination

Print Name as it Appears on Maryland Dental Hygiene License / Provide License
Number

Signature

Print Address on File with the Board

(2) Dental Hygienist In Support of Nomination

Print Name as it Appears on Maryland Dental Hygiene License / Provide License
Number

Signature

Print Address on File with the Board

(3) Dental Hygienist In Support of Nomination

Print Name as it Appears on Maryland Dental Hygiene License / Provide License
Number

Signature

Print Address on File with the Board

(4) Dental Hygienist In Support of Nomination

Print Name as it Appears on Maryland Dental Hygiene License / Provide License
Number

Signature

Print Address on File with the Board

(5) Dental Hygienist In Support of Nomination

Print Name as it Appears on Maryland Dental Hygiene License / Provide License
Number

Signature

Print Address on File with the Board

(6) Dental Hygienist In Support of Nomination

Print Name as it Appears on Maryland Dental Hygiene License / Provide License
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Signature

Print Address on File with the Board

(7) Dental Hygienist In Support of Nomination

Print Name as it Appears on Maryland Dental Hygiene License / Provide License
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Signature

Print Address on File with the Board

(8) Dental Hygienist In Support of Nomination

Print Name as it Appears on Maryland Dental Hygiene License / Provide License
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Signature

Print Address on File with the Board

(9) Dental Hygienist In Support of Nomination

Print Name as it Appears on Maryland Dental Hygiene License / Provide License
Number

Signature

Print Address on File with the Board

(10) Dental Hygienist In Support of Nomination
(Must be completed if the petitioner and nominee is the same individual)

Print Name as it Appears on Maryland Dental Hygiene License / Provide License
Number

Signature

Print Address on File with the Board

(11) Dental Hygienist In Support of Nomination

Print Name as it Appears on Maryland Dental Hygiene License / Provide License
Number

Signature

Print Address on File with the Board

(12) Dental Hygienist In Support of Nomination

Print Name as it Appears on Maryland Dental Hygiene License / Provide License
Number

Signature

Print Address on File with the Board